Drug MediCal Organized Delivery System

County Implementation Plan

A Tradition of Stewardship
A Commitment to Service

County of Napa

Health and Human Services Agency
Alcohol and Drug Services Program

2261 Elm Street Napa, CA 94559

Part I Plan
Questions

This part is a series of questions that summarize the county's DMC-ODS plan.

1. Check the county agencies and other entities involved in developing the county plan. (Check all that apply)

   ☐ County Behavioral Health agency
   ☒ County substance use disorder agency
   ☒ Providers of drug treatment services in the community
   ☒ Representatives of drug treatment associations in the community
   ☒ Physical Health Care Providers
   ☐ MediCal Managed Care Plans
   ☒ Federally Qualified Health Centers (FQHCs)
   ☒ Clients/Client Advocate Groups
   ☐ County Executive Office
   ☒ County Public Health
   ☒ County Social Services
   ☐ Foster Care Agencies
   ☒ Law Enforcement
   ☒ Court
   ☒ Probation Department
   ☒ Education
   ☐ Recovery support service providers (including recovery residences)
   ☐ Health Information technology stakeholders
   ☒ Other (specify) Mental Health Division

2. How was community input collected?

   ☐ Community meetings
   ☒ County advisory groups
   ☐ Focus groups
   ☒ Other method(s) (explain briefly)
   Survey to community partners

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

- ☒ Monthly
- ☐ Bi-monthly
- ☐ Quarterly
- ☐ Other: _____

Review Note: One box must be checked.

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

☒ SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics to waiver discussions.

☐ There were previously some meetings, but they increased in frequency or intensity as a result of the Waiver.

☐ There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.

☐ There were no regular meetings previously, but they will occur during implementation.

☐ There were no regular meetings previously, and none are anticipated.

5. What services will be available to DMC-ODS clients upon year one implementation under this county plan?

REQUIRED

- ☒ Withdrawal Management (minimum one level)
- ☒ Residential Services (minimum one level)
- ☒ Intensive Outpatient
- ☒ Outpatient
- ☒ Opioid (Narcotic) Treatment Programs
- ☒ Recovery Services
- ☒ Case Management
- ☒ Physician Consultation

How will these required services be provided?

☐ All County operated
☒ Some County operated some contracted
☐ All contracted

OPTIONAL

☒ Additional Medication Assisted Treatment
☐ Partial Hospitalization
☒ Recovery Residences
☐ Other (specify)_____

6. Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC-ODS services?

   ☐ Yes (required)
   ☒ No. Plan to establish by: January 1, 2017_____.

   Review Note: If the county is establishing a number, please note the date it will be established

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

   ☒ Yes (required)
   ☐ No.

8. The county will comply with all quarterly reporting requirements as contained in the STC's.

   ☒ Yes (required)
   ☐ No.

9. Each county's Quality Improvement Committee will review the following data at a minimum in a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:

    - Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
    - Existence of a 24/7 telephone access line with prevalent non-English languages(s)
    - Access to DMC-ODS services with translation services in the prevalent non-English language(s)
    - Number, percentage of denied and time period of authorization requests approved or denied.

    ☒ Yes (required)
    ☐ No.

1. COLLABORATIVE PROCESS

Community input was collected via electronic survey and Advisory Board participation. The following county divisions, outside agencies and community partners were included to participate in the survey to provide input for the organized delivery system plan:

- HHSA Mental Health
- HHSA Self Sufficiency
- HHSA Comprehensive Service for Older Adults
- HHSA Child Welfare Services
- HHSA Public Health
- HHSA Alcohol & Drug Services Division
- Napa County Probation Department
- Napa County Public Defender Office
- Napa County District Attorney Office
- Youth Prevention and Treatment
- Napa County Office of Education
- Tobacco Advisory Board
- Advisory Board of Alcohol & Drugs
- Drug Court Team
- Federally Qualified Health Center (Ole Health)
- Queen of the Valley Hospital
- Napa County Police Department
- Beneficiaries

The Alcohol & Drug Services (ADS) Division will conduct continuous collaboration with community parties and county entities through active participation on Advisory Boards (Advisory Board of Alcohol & Drugs and Tobacco Advisory Board). The Advisory Board of Alcohol & Drugs meets monthly and the Tobacco Advisory Board meets every other month. In addition to the Boards, members of the ADS Division participate in the Behavioral Health Community Committee, DUI Prevention Coalition Committee and inter-agency collaboration efforts which occur on a monthly basis. Under approval of the waiver, the plan is to continue the ongoing collaborative involvement with the community and interagency partners. The Behavioral Health

Community Committee consists of members from HHSA Public Health and Mental Health, Community Based Organizations, local hospital and federally qualified health clinic representatives. As a result of the collaborative survey, stakeholders identified the following areas to better enhance treatment services:

- Integration with mental health
- Integration with primary care
- Spanish speaking services
- Housing

2. CLIENT FLOW

The attached chart describes Napa County Health & Human Services Alcohol & Drug Services (ADS) beneficiary flow as proposed through the DMC Organized Delivery System. Beneficiaries will be referred through the ADS Access program via various referral pathways including community, interagency, managed care plan or self-referrals. Individuals seeking SUD services through Napa County will participate in an assessment to determine medical necessity determined through the DSM V and Level of Care (LOC) services based on the American Society of Addiction Medicine (ASAM) Criteria. Assessments will be conducted either in person or via telephone as needed. Medical necessity determination will be approved by the Medical Director or a Licensed Practitioner of the Healing Arts (LPHA). Pre-authorization within 24 hours will be required for Residential (Level 3.1, Level 3.3 and Level 3.5). Napa County's ADS Access Program is the gateway for adult SUD treatment in the county which is overseen by a Medical Director who authorizes SUD services. The program is comprised of both AOD certified counselors and licensed clinical staff. Under the waiver all staff will be trained in the ASAM criteria.

Under the American Society of Addiction Medicine (ASAM) criteria, Napa County's Adult Treatment program currently provides Outpatient Services Level 1.0. With the approval of the waiver, the program will provide Levels 2.1 evidence based treatment modalities. The County currently contracts with a community based provider for Youth Prevention and Treatment Services (under 18 years of age). Aldea Behavioral Health Services, a Council on Accreditation (COA) and Drug MediCal certified provider in Napa County, provides Youth SUD services and will continue to provide ASAM Level

0.5, Level 1.0 and Level 2.1 treatment services and expand to provide case management and recovery services. Under the waiver, the county plans to contract with a regional provider in Sonoma County for Youth Residential Treatment services, Level 3.1.

Clients requiring Narcotic Treatment services will be referred to a contracted regional provider, MedMark in neighboring Solano County for treatment services.

Beneficiaries will continuously be evaluated in their course of treatment for progress through monitoring in group and individual sessions and by updating treatment plans at a minimum of every 90 days. Depending on beneficiary's progress, an assessment will be conducted to determine if a change in LOC is needed. All assessments will be conducted through a certified alcohol & drug counselor or Licensed Practitioner of the Healing Art (LPHA). In the case of required care transitions, the Case Manager or Counseling staff will work in collaboration with the beneficiary to ensure that the transition and coordination to the next level of care is provided. For high utilizing individuals and those at risk of unsuccessful transition, intensive case management will be provided for on-going engagement through the use of motivational interviewing techniques and addressing the individual's social determinants of health. Timelines for movement between the levels of care will be directed by Title 22 Regulatory requirements or by a beneficiaries change in clinical need.

Napa County Health and Human Services ADS Access Unit is staffed weekly Mon-Fri. from 8:00-5:00pm. Upon implementation, Napa plans to have a toll-free beneficiary access line to provide client access to information of services at night, weekends and holidays. The ADS Division plans to collaborate with the Mental Health Division to possibly integrate the toll-free call service by January 1, 2017. Calls received after hours or on weekends and holidays will be returned on the first following working day.

This is a placeholder for a flow chart of the Napa County Adult Alcohol & Drug Services Access flow chart.

This is a placeholder for an image showing the Napa County Adult Alcohol & Drug services treatment program flow.

3. BENEFICIARY NOTIFICATION AND ACCESS LINE

Under the waiver, Napa County ADS plans to have a toll free access line available by January 1, 2017 which will be publicized on the County web page, on all County and ADS information brochures and prevention materials in both English and Spanish (the county's prevalent non-English language). Currently Napa County notifies beneficiaries of interpretation services through public bulletin board postings in the ADS Access unit and ADS Treatment unit. Notification of free oral interpretation will be added to client Program Guidelines, the county website and information brochures.

ADS will implement measures targeted at the quality of the toll free access line. The plan is to have a new Quality Coordinator hired within the ADS Division to monitor protocol with the phone services and conduct two test calls per month during the day

time and after-hour call center to log the results. In addition, data will be collected on a quarterly basis and will incorporate the following performance indicators:

- Number of calls (date, time and length of calls)
- Number of calls determined to be an emergency, urgent and routine
- Number of calls requesting /requiring non-English language translations
- Wait times of calls
- Services Offered

4. TREATMENT SERVICES

[This is a placeholder for Table 1: Service Type, ASAM Level and Provider Description.]

A. Early Intervention (ASAM Level 0.5)

Napa County Alcohol & Drug Services (ADS) in collaboration with the provider Aldea Behavioral Health currently provides general prevention services to identified populations who are at specific or elevated risk for the development of substance use, abuse or dependence and who do not meet medical necessity. The purpose of the services is to delay or avoid substance use, abuse, or dependence, and the numerous health risks associated with them. Napa County Alcohol & Drug Prevention services focuses on four areas that include:

1. Prevention/Information Dissemination which includes the "one way" or non-interactive distribution of information related to substance use.
2. Prevention/Education which includes substance use information that allows for interaction with the recipients. Napa County local provider, Aldea Behavioral Health, serves youth by providing specific education strategies in the local schools and community.
3. Prevention/Problem Identification and Referral which includes screening clients for participation in prevention groups, assessment, and to referral services as needed.
4. Prevention/Community Based Process which involves the provision of consultation or training regarding substance use to other service providers (e.g., school personnel, medical providers and Community Based Organizations). Although not a DMC covered service under the Waiver, Napa County ADS will continue to provide prevention services for youth and adolescents which will address the requirement for ASAM Level 0.5.

B. Outpatient Services (ASAM Level 1.0)

Napa County ADS Adult Outpatient services is currently designed to meet the requirements of the DMC Waiver for Level 1.0 Treatment service. This service includes assessments, intakes, the preparation and upkeep of treatment plans, substance abuse treatment including individual and group counseling, collateral services, education, crisis intervention, discharge planning and reintegration into the community. Case Management services are provided per individual needs and are outlined in the beneficiary's treatment plan but are not currently a DMC

covered benefit. Outpatient services consist of up to nine (9) hours per week of evidence based services for adults directly at Napa County ADS. Adolescent Level 1.0 services are provided by a local provider, Aldea Behavioral Health and consist of up to six (6) hours per week of evidence based services. Napa County ADS and provider utilize the ASAM tool to determine the client's placement criteria for the assignment of level of care while in treatment. This LOC will continue to be provided through Napa County ADS Adult Outpatient services and Aldea Behavioral Health for Youth treatment.

C. Intensive Outpatient (ASAM Level 2.1)
Napa County ADS for adult treatment will add Level 2.1 intensive services to beneficiaries who meet medical necessity. Napa County ADS will provide services to beneficiaries as medically necessary for a minimum of nine (9) hours, maximum nineteen (19) per week for adult perinatal and non-perinatal beneficiaries. These services include intake, assessment, the preparation and upkeep of treatment plans, individual and group counseling, collateral services, wellness and recovery, crisis intervention and discharge planning. Napa County local provider Aldea Behavioral Health will continue to provide level 2.1 treatment services (6 or more hours/week) for adolescents.

D. Withdrawal Management
ASAM Level 1 - WM Ambulatory Withdrawal Management w/out Extended On-Site Monitoring
ASAM Level 2 – WM Ambulatory Withdrawal Management w/ Extended On-Site Monitoring
Beneficiaries undergoing withdrawal management are monitored during the detoxification process. Medically necessary services will be provided with an individualized treatment plan prescribed by a licensed physician or LPHA. Withdrawal Management includes intake, observation and discharge services. Napa County ADS currently provides Level 1 – WM at the Outpatient Treatment Program. Napa County ADS currently uses the provider, McAlister Institute for Treatment and Education, Inc. for Level 2—WM. Under the waiver, Napa County and Provider will continue to provide both these levels of withdrawal management.

E. Residential Treatment Services (ASAM Levels 3.1, 3.3, 3.5)
Napa County ADS Residential Treatment is non-institutional, 24-hour non-medical, short-term residential program for adult and perinatal beneficiaries. Currently, residential services are provided by McAlister, a DHCS licensed residential facility that has been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria Levels 3.1 and 3.5. Under the DMC Waiver, Napa County ADS Access Unit will conduct residential authorization approvals within the 24 hour requirement and on-going assessments will occur every 30 days of the beneficiaries plan for the purpose of determining the appropriate level of care. After Drug MediCal certification is designated for the residential treatment facility, assessments and authorizations will be conducted at the residential site by certificated alcohol & drug counselors and LPHA's. Napa County ADS Adult Outpatient Treatment Program plans on co-locating LPHA staff at the residential facility to provide Level 3.3 within the first year of approval of the waiver.

F. Opioid (Narcotic) Treatment Program (OTP/NTP, ASAM OTP Level 1)
Napa County ADS does not have a Narcotic Treatment Program (NTP) in the county. Under the DMC Waiver, the county plans to develop a regional provider with Med Mark Treatment Center, a National Treatment Center with two locations in Solano County which is geographically adjacent to Napa County. The Vallejo facility is approximately 13 miles from the town of Napa with direct bus route access.

G. Recovery Services (ASAM Dimension 6, Recovery Environment)
Recovery Services will be offered to all DMC beneficiaries during their course of treatment and during the continuing care process with Napa County ADS and its provider. It's important that beneficiaries play a central role in managing their health, and using effective self-management support strategies and resources to develop sustaining self-management skills. This service will be provided through case management to beneficiaries as a preventive and supportive component under the waiver. During the transfer/transition planning process, beneficiaries will be linked to applicable recovery services such as: recovery

monitoring to include coaching, substance abuse assistance to include relapse prevention and peer to peer service referral (AA/NA), education and job skill services. The assigned Case Manager to a beneficiary will be responsible for providing transportation when necessary and connecting the beneficiary directly to community and support services. The services will include the following components based on the individual needs as medically necessary:

- Individual Counseling
- Group Counseling (Relapse Prevention)
- Recovery Coaching (monitoring via telephone or internet)
- Linkage to life skills, employment services, job training and education services
- Linkages to childcare, parent education, child development support services and family/marriage education
- Linkages to housing assistance, transportation, individual service coordination

The Recovery Services will be provided by Certified Alcohol and Drug Counselors and/or LPHA's face-to-face or by telephone for monitoring of beneficiaries progress and in providing a source for supportive contacts. Beneficiaries will be re-assessed for the proper assessment of level of care as needed following the ASAM Criteria throughout the treatment continuum.

H. Recovery Residences

Recovery residences is a crucial area for beneficiaries who require housing assistance in order to support their health, wellness and recovery in the continuum of care. Napa County ADS currently does not provide this service but is aware of the need for supportive drug-free housing to support sobriety. During the course of this pilot, ADS plans to identify potential providers who qualify for clean and sober housing for its DMC beneficiaries and expand the organized delivery system to include this benefit. The inclusion of this benefit would be available to DMC beneficiaries within the limits of available funding and housing.

I. Medication Assisted Treatment (MAT), (ASAM OTP Level 1)

Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. Napa County ADS will offer medically necessary MAT services through a contract provider for beneficiaries needing such service. Services include: assessment, treatment planning, treatment, ordering, prescribing, administering and monitoring of medication for substance use disorders. (See No. 18 for full description of proposed MAT services).

CASE MANAGEMENT SERVICES

Napa County ADS Case Management Services are currently provided to DMC beneficiaries enrolled in ASAM Level 1.0. Under the waiver expansion of services, Case Management will be provided to Level 2.1 who meet medical necessity. Case Management services will provide advocacy and linkages to physical health, mental health, housing, transportation, vocational, educational and transition services for reintegration into the community. This involves outreach services to beneficiaries lacking engagement in treatment and/or requiring additional support to succeed in completing treatment. Case Management services will incorporate Evidence Based techniques such as Motivational Interviewing and Stages of Change, to support the goals of each beneficiary as identified through the initial and ongoing assessment process and treatment planning. Currently, ADS Case Managers serve on forensic court programs which include Drug Court and beneficiaries entering through the PC1210 system. Napa County ADS plans on expanding Case Management to increase the potentiality for engagement in recovery services and treatment. All services are consistent with confidentiality requirements identified in 42 CFR, Part 2, California Law and the Health Insurance Portability and Accountability Act (HIPPA).

All beneficiaries entering Outpatient Treatment will receive case management services as determined through a comprehensive assessment process that will determine an individual's biopsychosocial need at intake and through the continuum of care. The level of involvement of the Case Manager is identified at the time of the initial assessment and throughout an ongoing assessment process while a beneficiary is in treatment. This information is recorded in the beneficiary's treatment plan which is reviewed within the requirements of DMC regulations. The Outpatient Treatment

program will monitor case management activities and all services will be provided by a certified alcohol drug counselor.

PHYSICIAN CONSULTATION

Physician consultation services will be provided by American Board of Addiction Medicine (ABAM) certified physicians. The physician consultation services will assist the Medical Director when seeking expert advice on complex client cases and designing the treatment plan in such areas as: medication selection, dosing, side effect management, adherence, drug interactions, or level of care considerations. Under the waiver, Napa County ADS plans on implementing Board Certified Professional trainings for its Medical Director as needed. The ADS Division will ensure that the Medical Director is provided with any required training and consultation services by American Board of Addiction Medicine Certified Physicians to ensure best practices and quality of care is provided to beneficiaries. Napa County ADS will only bill and reimburse DMC providers for physician consultation services.

BARRIERS

Potential barriers to service include:

- Napa County ADS geographic re-location related to beneficiary transportation
- Residential treatment and detoxification capacity and funding
- Covering all required levels of care with current levels of licensed staff
- Insufficient funding to incorporate ASAM system requirements as a separate EHR

SERVICES FOR NON-COUNTY RESIDENTS

Napa County ADS has established relationships with nearby counties through collaborative efforts on the state and local level. All beneficiaries will be evaluated on a case-by-case basis and a determination will be made on presenting circumstances. Napa County ADS will provide standard DMC treatment services to non-county residents who are DMC beneficiaries. According to the Waiver terms and conditions, counties

that are not participants in the DMC program cannot get reimbursed by the state for the expanded services available under the waiver. If a resident of an opt-out county seeks DMC enhanced services at Napa County, they will be provided standard DMC treatment services or referred back to their county of residence to be served through a non-DMC funding source for any enhanced services provided.

EXPANSION OF SERVICES

The Drug MediCal Waiver will allow Napa County ADS to expand treatment services in the areas of additional levels of care, Medication Assisted Treatment, Recovery Services, Case Management, Recovery Residences and Physician Consultation. Upon approval of the waiver and required fiscal model, Napa County ADS plans to have the following benefits implemented within the course of the pilot. The following will comprise the total enhanced benefit package which includes both current and expanded services:

ADULT TREATMENT

(ASAM Level 1.0) Outpatient Services
(ASAM Level 2.1) Intensive Outpatient Treatment

Residential Treatment
(ASAM Level 3.1) Clinically Managed Low-Intensity
(ASAM Level 3.3) Clinically Managed Population – High Intensity Residential Services
(ASAM Level 3.5) Clinically Managed High Intensity Residential

Withdrawal Management
(ASAM Level 1) Ambulatory Withdrawal Management without extended on-site monitoring
(ASAM Level 2) Ambulatory Withdrawal Management with extended on-site monitoring

Medication Assisted Treatment

Opioid (Narcotic) Treatment Program (Regional contract with neighboring county)
(ASAM OTP Level 1)

Recovery Services (Pre and Post Discharge)

YOUTH TREATMENT

(ASAM Level 1.0) Outpatient Services
(ASAM Level 2.1) Intensive Outpatient Treatment

Residential Treatment (Regional contract with neighboring county)
(ASAM Level 3.1) Clinically Managed Low-Intensity

Case Management

Recovery Services (Post Discharge)

Estimated implementation timeline of enhanced beneficiary services for adults and adolescents upon Waiver Implementation Plan contract approval:

Estimate October 1, 2016: Begin implementation of initial enhanced benefit packages for outpatient and residential services for adults.

Estimate October 1, 2017: Complete implementation of ASAM continuum of care through county and provider services.

Estimate July 1, 2020: Complete inclusion of all initial enhanced delivery services for adults and adolescents.

On-going – Assess beneficiary access to SUD Treatment and add network providers to fill gaps as needed.

5. CARE COORDINATION WITH MENTAL HEALTH

Napa County ADS is currently active in coordinating mental health services with beneficiaries participating in Adult Outpatient Treatment. Beneficiaries starting SUD treatment with an existing mental health diagnosis enter the co-occurring treatment track for Level 1.0 services. The primary counselor and facilitator in the co-occurring

track is an LPHA who is also trained in Alcohol and Drug Treatment. The County plans on hiring another LPHA with alcohol and drug treatment training to provide co-occurring treatment services in Residential Treatment for ASAM Level 3.3 High Intensity. Studies have shown that individuals with a dual diagnosis of mental health and substance use disorder are only treated for one diagnosis or the other. This does not allow an integrated approach in treatment. Recognizing this, Napa County ADS has been piloting mental health integration with SUD treatment for beneficiaries who have Mild-to-Moderate Mental Health diagnoses since January, 2015. The County has two licensed clinicians who are certified under the Managed Care plan contractor, Beacon Health Strategies, to provide mental health services for those beneficiaries participating in the County ADS Outpatient treatment program. The Beacon providers conduct mental health screenings, assessments and therapy. Multi-disciplinary clinical meetings are provided weekly or as needed with the SUD primary counselor as part of supporting total client care.

Napa County ADS will continue to coordinate on Mild-to-Moderate mental health services through Beacon providers for those beneficiaries meeting medical necessity. To date, approximately 56 percent of beneficiaries in treatment have entered into this service. Beneficiaries with severe and chronic mental health illness will continue to be linked and have access to Napa County specialty mental health services located on the same facility site of Napa County ADS.

Under the Waiver, Napa County ADS Division will adopt a Quality Assurance and Quality Improvement Plan in line with the Mental Health Plan. The Quality Improvement Committee will be developed with a combination of members and stakeholders from both the Mental Health and Alcohol and Drug Services Division. Due to the increased service integration monitoring requirements under the Waiver, Napa County ADS will need to expand staff to fully provide integrated services to ensure the delivery of enhanced care for dual diagnosed beneficiaries.

Care coordination integration of mental health services with DMC beneficiaries will be conducted through an assigned Case Manager. A Case Manager will meet with a beneficiary within the first 30 days of treatment to begin connecting to support services for the purpose of addressing identified mental health areas affecting beneficiary's potential progress in treatment.

Case Management will also be an integral part of the care coordination between SUD treatment, mental health and physical care. The case managers will be involved in a comprehensive, inter-agency system that allows for coordination and communication with all agencies involved with the treatment of a beneficiary. Oversight and Supervision will be provided by an LPHA and the Case Managers will be trained and have continuous evidence based training in Motivational Interviewing, ASAM and Stages of Change.

6. CARE COORDINATION WITH PHYSICAL HEALTH

Napa County ADS Adult Outpatient Treatment and Youth Treatment programs are DMC certified. The Alcohol & Drug Treatment programs have fully implemented the Title 22 Emergency Regulations which has physical examination requirements for all participants. Napa County Adult ADS has a dedicated Medical Director who reviews documentation of a beneficiary's most recent physical examination within the last 12 months. If that is not available, the MD will have a physical examination performed as part of the individual's treatment service. Youth treatment services currently have an embedded Medical Director and Nurse Practitioner to provide physicals and DMC documentation approval. All beneficiaries (youth or adult) entering into SUD treatment are connected to Primary Care upon admission. Each beneficiary in the adult treatment program has an assigned Case Manager who follows a beneficiary through treatment and ensures the connection and follows up with a primary care physician. In addition, Napa County Adult ADS has certified Alcohol & Drug Counselors embedded at two primary care facilities. The first co-located site is at the Queen of the Valley Hospital, a medical center in Napa. The certified counselor is part of a treatment team that includes the hospital physicians and social workers who provide outreach and education to beneficiaries referred by the medical staff (emergency room, OB GYN clinic etc.). The second co-located site is the county's Federally Qualified Health Clinic (FQHC), Ole Health. The Counselor at this location meets with beneficiaries identified through an SBIRT screening from their physical health provider. This collaboration has supported beneficiaries into entering SUD treatment services. All referrals from primary care are tracked. Under the Waiver, Napa County ADS will continue to provide outreach services at the Queen of the Valley Medical Center and the FQHC, Ole

Health although outreach prior to a formal medical necessity SUD assessment is not a DMC covered service. Healthcare professionals are beginning to understand that SUD is a chronic disease and treatment needs to be integrated with physical health services. With this expanded understanding, Napa County ADS foresees an increase of referrals from primary care and the need to increase counseling and LPHA staff to participate in team based care for DMC beneficiaries with physical health needs. Integration of primary care services with DMC beneficiaries will be conducted through an assigned Case Manager who is connected to a DMC certified site. A Case Manager will meet with a beneficiary within the first 30 days of SUD treatment to begin connecting to primary care services for the purpose of addressing identified areas affecting a beneficiary's potential progress in treatment and physical health needs.

7. COORDINATION ASSISTANCE

The sharing of beneficiary information across providers for the purpose of integrated care continues to be a challenge in Napa County ADS due to stringent 42CFR Part 2 confidentiality requirements. In addition, our electronic health record system has limitations in its functionality and will not be integrated with the required ASAM software for seamless information collection and sharing. Clients referred to other services from ADS or entering ADS upon a referral from other service providers can be burdened with multiple client plans and at times, duplicative services. In anticipation of increased challenges, Napa County would request technical assistance in the following areas:

- Beneficiaries engagement and participation in an integrated care program
- Shared development of care plans by the beneficiary and providers
- Collaborative treatment planning with managed care
- Facilitation and tracking of referrals between systems
- Monitoring meaningful clinical issues affecting the beneficiaries
- Enhancing care coordination and cross-system communication
- Team-based care including shared goals and effective communication

8. AVAILABILITY OF SERVICES

Napa County ADS will ensure availability and accessibility of adequate number and types of providers of medically necessary services. In establishing and monitoring the network, Napa County ADS has considered the following:

- ANTICIPATED NUMBER OF MEDI-CAL CLIENTS
  The historical data available for use in making projections for the number of MediCal clients who will utilize DMC-ODS services ranges from approximately 35% in FY12/13, to 65% in FY13/14. In FY14/15, the number of SUD clients funded by DMC was over 85% of the total caseload of 1,117; 7.2% were under 18 years of age and 92.8% were 18 years and older.

  Prevalence estimates can vary. In California, up to 16% of the Medicaid population meets the diagnostic criteria for a substance use disorder. (chhda.org) The California Department of Health Care Services (DHCS Behavioral Health Needs Assessment, Vol. 2, September 2013, page 30) estimates 10.3% of the population meets criteria for an SUD. Using these prevalence estimates, Napa County ADS projects between 3, 090 and 4,800 Napa MediCal beneficiaries have an SUD and could benefit from treatment. Using the penetration rates from the two sources named above, the number of MediCal beneficiaries in Napa County who will seek DMC-ODS services is estimated to range between 6%-10% numbering 1,800-3,000 FY16/17.

- EXPECTED UTILIZATION OF SERVICES BY SERVICE TYPE
  In September 2015, Napa County's population of 139,074 had approximately 30,000 eligible MediCal beneficiaries. (Department of Health Care Services, MediCal Beneficiaries, Summary Pivot Table, Most Recent 24 Months, September 2015).
  Withdrawal Management (detoxification) admissions accounted for 46.9% of the total FY14/15 treatment admissions, and the length of stay was 7 days or less. The high percentage of beneficiaries entering Detox for withdrawal management comes from the local Police Department. Detoxification length of stay is expected to remain a minimum of 2 days and a maximum of 7 days under the DMC-ODS waiver.

Residential Treatment admissions accounted for 20.5% of the total FY14/15 treatment admissions. Under the Waiver, Napa County expects to increase the capacity of residential treatment beds by 50% based on historical waitlist average and anticipated increase in beneficiaries obtaining treatment.

Outpatient Treatment which includes Case Management services, accounted for 25.0% of total treatment admissions in FY14/15. Treatment delivery expansion to include Recovery Services and Case Management Services are expected to increase approximately 10% as a result of expansion in the continuum of care.

Narcotic Treatment Programs (Methadone Maintenance) Napa County does not currently offer NTP services. Napa County ADS consulted with MedMark which operates a methadone maintenance clinic in Solano County, as a potential future provider for Napa County beneficiaries. At present, approximately 45 Napa County residents are currently receiving services at their two sites. Med Mark estimates there will be a 15% increase in utilization. For methadone maintenance, the minimum length of stay nationally is 12 months, and some opioid-addicted individuals continue to benefit from methadone maintenance for many years (National Institute on Drug Abuse: Principles of Drug Addiction Treatment, A Research Based Guide. December 2012).

- [This is a placeholder for Table 2: THE NUMBERS AND TYPES OF PROVIDERS REQUIRED TO FURNISH THE CONTRACTED MEDI-CAL SERVICES]

- CURRENT NETWORK OF PROVIDERS COMPARES TO THE EXPECTED UTILIZATION BY SERVICES TYPE

  Napa County Alcohol & Drug Services expects a consistent increase with the levels of care provided and will monitor the number of MediCal beneficiaries and service utilization continuously and adjust accordingly. The following outlines our expansion plan with both ADS and contracted providers.

[This a placeholder for Monterey County's expansion plan for adult services with both ADS and contracted providers.]

[This a placeholder for Monterey County's expansion plan for youth/adolescent services with both ADS and contracted providers.]

- HOURS OF OPERATION OF PROVIDERS
  Providers currently include Napa County ADS (Outpatient) and McAlister Institute (detox and residential) and Aldea Behavioral Health (youth prevention and treatment). Napa County ADS Access office hours are 8:00am until 5:00pm Monday thru Friday. Treatment hours are 8:00am until 8:30pm, Monday thru Friday. McAlister Institute is open and operational 24 hours a day, 7 days a week. Aldea Behavioral Health treatment hours are 8:00 until 6:00pm Monday thru Friday. Once Napa County ADS has contracted with an NTP provider, the hours will be determined to meet the needs of the beneficiaries and will be in compliance with MediCal regulations.

- LANGUAGE CAPABILITY FOR THE COUNTY THRESHOLD LANGUAGES
  English and Spanish are the threshold languages in Napa County ADS. Services are available at all levels in both languages and phone translation services are available for other languages on an as-needed basis through the language line at no cost to the beneficiary.

- ACCESS STANDARDS AND TIMELINESS REQUIREMENTS
  Napa County Health and Human Services Alcohol and Drug Division provides, through our ACCESS Unit, alcohol and drug assessments, placements, and intakes. Timelines for access to assessments and treatment are managed through this unit. Currently, a record is kept of all clients attending, rescheduling or not showing for appointments. Through our county run Treatment Unit we offer Continuing Care and Level of Care (1.0) Outpatient. Intensive outpatient treatment (2.1) services will be added under the Waiver. Timely access into treatment will continue to be monitored within the Access Unit. Upon the completion of the first face to face contact, a counselor will execute a warm handoff for the purpose of introducing the client to the Treatment Unit. The goal is to have the first assessment appointment scheduled within 24 hours of first contact with the client, the first face-to-face visit within 14 days of scheduled appointment and the treatment plan will be completed within 30 days of the assessment date.

  The County currently contracts with a provider to provide Level of Care (3.1, 3.5) Social model Residential and Detox services. The current capacity is 15 residential beds and 10 detox beds. Individuals requiring a higher level of care will immediately be linked to the appropriate level. Under the Waiver, the number of beds will need to increase to meet capacity and additional staffing of LPHA's will need to be added. The length of stay is monitored and evaluated every 30 days by the Utilization Review Coordinator and this system will continue under the new organized

delivery system. Interim services will be offered for any beneficiary placed on a wait list to ensure on-going services and engagement in treatment.

- GEOGRAPHIC LOCATION OF PROVIDERS AND MEDI-CAL BENEFICIARIES (DISTANCE, TRAVEL TIME, TRANSPORTATION AND ACCESS FOR BENEFICIARIES WITH DISABILITIES
  Napa County ADS has a total area of 789 square miles, including the cities of Calistoga, St. Helena, Yountville, Napa, and American Canyon. The cities are all linked via Highway 29. The travel distance from the city of Calistoga in the far north of the valley to the city of American Canyon in the far south, is a total of 36 miles. Travel distance from Calistoga to the city of Napa is 27 miles. Outpatient treatment services are currently offered at Napa County ADS's Old Sonoma Road Campus, while residential and detox services are offered at McAlister Institute, located on the Napa State Hospital grounds. Assessment and intake services are offered throughout the community at Queen of the Valley Outreach Center, Ole Health, County Probation Department and Napa County Access Unit which are all located in the city of Napa.

  Being a small county, public transportation can be challenging to the outlying areas. For a beneficiary traveling by bus from Calistoga to Outpatient Treatment, the travel time is approximately two hours. The drive from Napa to Calistoga by car is approximately 40 minutes. The Napa County ADS Treatment facility is centrally located in the most populated area of the county. There is adequate bus service to meet the need for travel between services and homes within the Napa city limits. The Outpatient Treatment program provides vouchers for bus travel to DMC beneficiaries on an as-needed basis and will continue to provide the vouchers under the waiver.

  Napa County ADS plans to expand intake and assessment services in the more underserved areas of the county, Calistoga and American Canyon within the next five years as funding allows for additional LPHA staff.

All treatment locations are wheelchair accessible and American Sign Language interpreters, when needed, are provided at no cost to beneficiaries. Accommodations for all other disabilities are made on an as-needed basis.

- COUNTY ADDRESSING SERVICES GAPS, INCLUDING ACCESS TO MAT SERVICES.

  Napa County currently provides Outpatient Adult SUD treatment through the county and contracts Outpatient Youth SUD treatment with a DMC provider. Adult residential services are currently provided at Level 3.1 and 3.5. Under the waiver, Napa County will be able to increase and add levels in both the Outpatient and Residential settings which will further build treatment enhancements and opportunities for appropriate levels of care. Napa County plans to utilize Case Management to prevent gaps between county-based service systems and those within the community. The ideal is to include outreach and recovery resources to build a comprehensive and integrated service delivery system. In addition, Napa County's ADS Medical Director is certified to provide Medication Assisted Treatment (MAT). Currently all clients entering into the ACCESS unit are assessed for SUD Diagnosis, Level of Care and offered information on Vivitrol, for Medication Assisted Treatment. Beneficiaries meeting criteria for treatment are provided a warm hand-off to the on-site FQHC to address physical health needs. Under the approved waiver, the ADS Medical Director, who is certified by the Drug Enforcement Administration (DEA) for prescribing Buprenorphine, will review the client's treatment plan and provide the following services for additional medication options, Buprenorphine, Disulfiram and Naloxone. The Medical Director's services will be increased to include: ordering, prescribing, administering and monitoring the medications. The beneficiary's primary SUD counselor will document updates in the treatment plan to ensure ongoing engagement for the medication plan.

[This is a placeholder for: FY15/16 Availability of Substance Use Treatment in Napa County – Network of Providers]

9. ACCESS TO SERVICES

Napa County Health and Human Services Agency, through its Alcohol and Drug Services Division operates two systems of care for substance use disorder (SUD) treatment services, one for adults and one for youth and adolescents (under the age of 18). Adult Services for men and women are delivered by a county operated Outpatient Treatment program, with Detox and Residential treatment being delivered by a contract provider. Youth Treatment services are delivered by a county contract provider.

- TIMELY ACCESS TO CARE AND SERVICES TAKING INTO ACCOUNT THE URGENCY OF NEED FOR SERVICES
  Napa County ADS will comply with all regulations, current and evolving, with regard to timeliness of services.

  Under the waiver, the beneficiary assessment for medical necessity will be

approved by an LPHA within 14 days of scheduled assessment appointment. Napa County ADS currently has credentialed alcohol and drug counselors and an LPHA co-located at various areas in the community; Ole Health, Probation Department and Queen of the Valley Outreach Center. These co-located staff is able to provide assessments. Under the waiver, these services will now be available throughout the more underserved areas in the county through staff who are linked to DMC certified facilities for more timely and urgent need access.

Currently, the entry point to Napa County ADS Alcohol and Drug Services (ADS) for all beneficiaries is the Access Unit, which is staffed by certified addiction treatment counselors and LPHA's, trained in using the ASAM Criteria as well as the DSM 5. The assessment process includes conducting an interview designed to determine whether the beneficiary meets DSM 5 medical necessity criteria for a substance use disorder (SUD). The ASAM Criteria is used to determine whether the beneficiary meets criteria for a given level of treatment. In order to ensure beneficiaries receive the appropriate level of placement, the assessment is reviewed by a LPHA and approved by the Medical Director. After medical necessity has been determined, the beneficiary begins outpatient treatment by attending the initial phase of treatment.

The wait time for entering residential treatment services can vary depending on the availability of open beds and the number of Federal Priority beneficiaries who present for treatment at any one time. Beneficiaries on the wait list attend interim services until a bed becomes available. Napa County ADS Access Unit closely coordinates with the provider of residential services to maintain a current list of enrolled beneficiaries to manage utilization. Under the waiver and dependent on available funding, Napa County plans to increase the number of beds available to meet capacity and improve access.

- SUBCONTRACTED PROVIDERS HOURS OF OPERATION
  Providers currently include Napa County ADS (Outpatient) , McAlister

Institute (detox and residential) and Aldea Behavioral Health (youth prevention and treatment). Napa County ADS Access office hours are 8:00am until 5:00pm Monday thru Friday. Treatment hours are 8:00am until 8:30pm, Monday thru Friday. McAlister Institute is open and operational 24 hours a day, 7 days a week. Aldea Behavioral Health treatment hours are 8:00 until 6:00pm Monday thru Friday. Once Napa County ADS has contracted with an NTP provider, the hours will be determined to meet the needs of the beneficiaries and will be in compliance with MediCal regulations. The same hours of operation at all Provider sites are offered to non-MediCal patients.

- SERVICES AVAILABLE 24/7 WHEN MEDICALLY NECESSARY
  Napa County contracted provider, McAlister Institute accepts all eligible beneficiaries and manages the detox facility 24 hours a day, 7 days a week. The utilization of Withdrawal Management (detox) services is monitored daily. Beneficiaries may enter Level 2 WM services directly on their own and do not require prior authorization through the County. If urgent psychiatric or medical issues require attention, the beneficiary will be referred to the local hospital emergency room and/or to the county crisis unit.

- ESTABLISH MECHANISMS TO ENSURE THAT NETWORK PROVIDERS COMPLY WITH THE TIMELY ACCESS REQUIRMENTS
  During the first year of the DMC waiver plan implementation, ADS plans on conducting monthly site reviews with the contract providers to assure proper documentation indicating timely access requirements for services and include the continual monitoring of Cultural/Ethnic penetration rates to services. Providers will be monitored to ensure that their services are delivered in a culturally competent manner. ADS will evaluate this by using state published data and oversight with our electronic health record reporting system. ADS will establish and implement reporting mechanisms to include the average daily utilization, timeliness of the first

face to face visit, timeliness of services for urgent conditions and access to afterhours care.

- MONITOR NETWORK PROVIDERS REGULARLY TO DETERMINE COMPLIANCE WITH TIMELY ACCESS REQUIRMENTS
  ADS will review and monitor network providers records to ensure the required elements include dates of admissions, time limit notifications for intake appointments and beneficiary satisfaction. ADS will monitor accessibility of services by tracking the number of days from first request for services to the initial clinical assessment and unto the first routine treatment service provided. In addition, ADS will monitor beneficiary and stakeholder satisfaction by evaluating request to change providers due to unsatisfactory service. ADS will share the information collected to improve the provider's efficiency and ensure compliance.

- TAKE CORRECTIVE ACTION IF THERE IS A FAILURE TO COMPLY WITH TIMELY ACCESS REQUIREMENTS
  Napa County will offer technical assistance to adhere to requirements and corrective action will be taken if there is a failure to comply with the timely access requirement. All Corrective Action Plans (CAP) will be logged and continuous monitoring will ensue through the resolution stage. The CAP will be issued to include an outline of corrective steps needed, a list of the deficiencies and the required date of completion. Follow up of the CAP will be reviewed with the Contract Provider and ADS Quality Coordinator. A summary report will then be reviewed by ADS Deputy Director with an approval or deficient follow up status. If, the provider is deficient on the CAP, the provider contract will be reevaluated for continuation of services.

10. TRAINING PROVIDED

Napa County ADS Alcohol and Drug counselors and supervisors were introduced to the updated 3rd Edition of the ASAM Criteria Enhanced Web Version in January 2015. In February 2016, counselors and supervisors attended the two day comprehensive training offered by both The Change Company and CIBHS. Additional trainings offered

by CIBHS will occur which will allow the remaining counselors and newly hired licensed staff for the expanded service delivery to be trained.

The plan for updating all staff on ASAM training is being implemented in a three step process to include the following:

1. E-trainings series – Napa County ADS counselors and supervisors have been introduced to updated and required version of the ASAM Criteria Enhanced Web Version and have completed 1 of the 3 E-trainings.
2. Two (2) day ASAM Skill Practice at all Stages – This training is offered by both The Change Company and CIBHS. Napa County ADS counselors and supervisors attended the training in February, 2015. Additional trainings are being scheduled by CIBHS for remaining staff and DMC providers to be completed by 2017.
3. ASAM training will be implemented with Napa County ADS providers, Aldea Behavioral Health who serves the Youth population and McAlister Institute for Treatment & Education, Inc. who serves the detoxification and residential population.

Trainings will continue and include Skills Practice at all levels of care and dimensions for ASAM, Cognitive Behavioral Techniques, Relapse Prevention and Trauma-Informed Treatment, Continuing Care/Recovery Management, Psycho-education, Contingency Management, Stages of Change and Family Relations/Parenting. Ongoing trainings will occur through The Change Companies.

In addition, Napa County ADS will continue to collaborate with the Mental Health division to integrate trainings relevant to the co-occurring population. As a result of a client survey on recovery topics needed, ADS will also implement training on the following requested topics pertaining to SUD treatment: self-esteem, communication and relationship building. Title 22 regulatory trainings will be continued to be provided annually to the Napa County ADS Division and contracted providers.

11. TECHNICAL ASSISTANCE

Napa County ADS requests technical assistance in the following areas:

- Training opportunities to develop ASAM expertise and sustainability within programs is necessary to develop a common language to be used for placement decisions and utilization. This training must be comprehensive and include train-the-trainer modules to build internal system capacity as well as meet the ongoing training needs of new staff and providers.
- Quality Assurance and Compliance Training
- Fiscal Plan information related to rate setting, reimbursement structures, claiming mechanisms, documentation requirements, out-of-county billing and cost reporting for DMC-ODS Services.
- Implementation of Medication Assisted Treatment

12. QUALITY ASSURANCE

The Quality Management (QM) program work plan will be completed within the initial year of waiver implementation and updates implemented as necessary to meet all program measurements in a manner that complies with Code of Federal Regulation 438 requirements.

The goal is to establish mechanisms for reporting and compiling data to assess beneficiary satisfaction with both ADS and our Provider services. This includes:

- Evaluate and inform providers of the results of beneficiary satisfaction activities address meaningful clinical issues affecting beneficiaries system-wide
- Monitor appropriate and timely interventions that raise quality of care concerns and take appropriate follow-up action when such occurrence are identified
- Monitor service delivery capacity and accessibility along with beneficiaries
- Monitor the quality of services for beneficiaries with special health care needs and ensure activities will not be duplicated
- Monitor both underutilization and over utilization of services
- Monitoring Grievances and Appeals including how to submit a grievance, appeal, and state fair hearing, timeframe for resolution of appeals, content of an appeal resolution, record keeping, continuation of benefits and requirements of

state fair hearings

Napa County ADS Quality Improvement Plan (QIP) will be designed to assure that all beneficiary services include Evidence Based Practices and address a continuum of care. The QIP will provide a structure for performance monitoring activities through the organization and community. ADS Utilization Review Coordinator, together with an ADS Quality Coordinator will ensure the ADS Division adopts and establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. Monitoring and measuring of the QIP will include:

- Timeliness of first initial contact face-to-face appointment
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Responsiveness of the beneficiary access line
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider level
- Assessment of the beneficiaries' experiences, including complaints, grievances and appeals
- Telephone access line and services in the prevalent non-English languages

Napa County will require a newly added position of Quality Coordinator to manage the expanded QA and monitoring requirements under the DMC Waiver. This position, along with the ADS Utilization Review Coordinator will review the Mental Health Divisions Quality Improvement Plan (QIP) and collaborate with the MH Division on developing an integrated Quality Improvement Committee (QIC). The county will adopt Quality Assurance (QA) activities and protocols as per the Mental Health QA plan.

Napa County ADS QIP will ensure that the composition, function and frequency of committee meeting is in compliance with 42CFR and the DMC waiver. ADS QIP will be evaluated and updated and include a measurement of performance using objective

quality indicators, implementation of system interventions to achieve improvement in quality, evaluation of effectiveness of the interventions and planning of activities for increasing or sustaining improvement. ADS QIC will monitor and evaluate the quality and appropriateness of services to beneficiaries, pursue opportunities to improve services, and resolve identified problems. The committee will be responsible for gathering data and making presentations to staff, supervisors, and managers on beneficiary and system outcomes as well as beneficiary and provider satisfaction. ADS QIC Review Steering Committee will be responsible for administratively monitoring the utilization of all treatment services through a monthly dash board report.

The Quality Improvement (QI) Committee members will be comprised of:

- Quality Coordinator, Alcohol & Drug Services Division, Chairperson (New position required)
- Utilization Review Coordinator of Alcohol & Drug Services, Co-Chairperson
- Assistant Deputy Director, Alcohol & Drug Services Division
- Staff Services Analyst II, Alcohol & Drug Services Division
- Utilization Review Coordinator of Mental Health
- Member of Advisory Board Alcohol & Drugs
- Quality Assurance Manager, Mental Health and Alcohol & Drug Services
- Consumer/Family Member, Mental Health and Alcohol & Drug Services
- Organizational Provider, Director of Continuous Quality Improvement (Youth Prevention & Treatment Provider)
- Organizational Provider, Program Director Residential Detox
- Senior Office Assistant, Alcohol & Drug Services Division

The plan is to have the Quality Improvement Committee meet on a monthly basis to recommend policy decisions, review and evaluate the results of the QI activities, institute needed QI actions, ensure follow-up of QI process and document QI committee minutes regarding decisions and actions taken. The County plans to phase in the External Quality Review Organization (EQRO) requirements within 12 months of approval of the implementation plan.

Any beneficiary who is dissatisfied with the services which are provided by ADS, or

who believes that services have been improperly denied, or who has been discharged against their wishes, may seek review of the decision. ADS will ensure that decision makers on grievances and appeals are not involved in previous levels of review or decision–making. The decision makers are health care professionals with appropriate clinical expertise if the decision involves: an appeal of a denial based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal or any grievance or appeal involving clinical issues. ADS procedures include the following:

1. Request for Review submitted by the beneficiary. ADS gives reasonable assistance to beneficiaries in completing grievances and appeal forms and other procedural steps while providing interpreter services and toll-free number access if needed.
2. Initial Written Response to acknowledge receipt of each grievance and appeal
3. Appeal of Initial Response option if dissatisfied where beneficiary can redirect the request to the Program Supervisor.
4. Secondary Appeal process if dissatisfied with Program Supervisor response and request is reviewed by the Administrator of ADS.
5. Appeal to the State Department of Alcohol and Drug Program if beneficiary has been discharged for cause and proceeding with their right to seek a fair hearing by submitting a written request to the California Department of Social Services State Hearing Division.

13. EVIDENCE BASED PRACTICES

Napa County ADS adheres to the Standards of Care (SOC) requirements including: welcoming environment, engagement & retention, client-centered care, culturally competent care, co-occurring capable care, stage-matched treatment planning, effective treatment based on evidence based practices, medication related services and recovery-oriented care.

Napa County ADS implements Evidence Based Practices (EBP) in treatment for beneficiaries. Currently, Certified AOD Counselors and Licensed Clinicians have completed at least two of the required EBPs staff trainings to include Psycho-Education, Motivational Interviewing, Stage of Change and Introduction to ASAM.

Napa County ADS will amend the providers' contracts to include a requirement for staff to be trained in a minimum of two (2) identified EBP's. ADS Utilization Review monitor will attend provider Utilization Review meetings, and will include in the client chart review a determination of whether EBP's are part of the client's treatment plan and whether the progress notes reflect EBP's are provided.

If Napa County contractors are found not to be in compliance with this requirement through its internal audits, a corrective action plan will be implemented to include additional EBP trainings and technical assistance as needed.

14. REGIONAL MODEL

Napa County ADS does not have a Narcotic Treatment Program (NTP) in the County. Under the Waiver, the county plans to develop a regional contract with Med Mark Treatment Center, a national Treatment center with two locations in Solano County which is geographically adjacent to Napa County ADS. The Vallejo facility is approximately 13 miles from the town of Napa with direct bus route access to the facility. MedMark Treatment Center is a DMC certified facility that provides comprehensive treatment services for opiate addictions through methadone maintenance and medically supervised methadone withdrawal and detoxification. The treatment team at MedMark is comprised of a Medical Director, Program Director, Clinical Supervisor, nurses and trained counselors. Services are provided in accordance with the beneficiaries' individualized need. The center is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Beneficiaries identified as needing or requesting an NTP will be referred to the regional site. Med Mark Treatment Center has been serving Napa County ADS beneficiaries for the purposes of opioid, narcotic treatment for 12 years. Based on current trends for opiate dependence nationally, it is projected that this number could increase by 15%. As a national provider, Med Mark Treatment Center demonstrates an ability to handle such an increase.

Napa County does not have a Youth Residential Treatment facility and plans to contract regionally for these services within the next three years.

15. MEMORANDUM OF UNDERSTANDING

Napa County ADS has a current Memorandum of Understanding with Partnership Health Plan (the County MediCal managed care organization). The MOU includes benefits for full or partial services including comprehensive substance use, assessment, physical exam, intake, treatment planning, education, individual and group counseling, urine drug screens, collateral services, crisis intervention and medication management. Napa County anticipates the amended MOU will be drafted within 30 days of Waiver Implementation approval by DHCS and CMS to include:

- Comprehensive substance use, physical and mental health screening, including ASAM Level 0.5 SBIRT services
- Beneficiary engagement and participation in an integrated care program as needed;
- Shared development of care plans by the beneficiary, caregivers, and all providers;
- Collaborative treatment planning with managed care;
- Delineation of case management responsibilities;
- A process for resolving disputes between the county and MediCal manages care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;
- Availability of clinical consultation, including consultation on medications;
- Care coordination and effective communication among providers including procedures for exchanges of medical information;
- Navigation support for patients and caregivers; and
- Facilitation and tracking referrals

16. TELEHEALTH SERVICES

Napa County ADS anticipates a need for telehealth services for recovery maintenance care which will be provided to DMC beneficiaries after completing formal treatment. ADS will implement the plan for telehealth after issues related to telecommunication exchange of Personal Health Information (PHI) is deemed compliant with 42 CFR Part 2

regulations. Once approved and developed, telehealth services will adhere to compliance practices of the Agency and ADS division policies and procedures pertaining to confidentiality, 42 CFR Part 2 and HIPPA regulations. Napa County will ensure confidentiality by having the policy and procedure for telehealth services vetted through the counties Privacy and Information Security Committee and County Counsel. County contracted providers will be required to follow the same regulatory compliance and established agency policies surrounding the use of Telehealth services.

Napa County ADS will look at options to create a telehealth system focused on recovery services as part of the continuum of care within the next five years.

17. CONTRACTING

Napa County ADS directly operates Outpatient Treatment and Case Management services. The county currently contracts with Community Based Organizations for youth treatment outpatient services and adult detoxification and residential treatment services. All providers will be DMC-certified. Napa County ADS will contract with regional providers for residential youth treatment, NTP services, and recovery residences. Current county SUD treatment contractors are performing well on their contracts and have a strong partnership with Napa County ADS. SUD contracts are reviewed and re-negotiated annually based on changes in SUD treatment needs and budget allocations.

Napa County ADS will consider all requests by Community Based Organizations for information regarding DMC-certification needs. The county will review providers' letters of interest, make a determination based on capacity and service needs to proceed with an interested provider, and give the provider written notice of the County's decision. It is currently anticipated that the existing contracted service providers will be sufficient to handle projected capacity. If a provider does not receive a DMC-ODS contract and wishes to appeal, they may first contact the Administrator/Deputy Director of Alcohol and Drug Services, then further their appeal according to DHCS protocol.

If a current DMC provider does not receive a DMC-ODS contract, the county will ensure beneficiaries will continue to receive treatment services by contracting with another provider until such time as the formal Request for Proposal process is completed.

18. MEDICATION ASSISTED TREATMENT (MAT)

Napa County ADS has identified the need for Medication Assisted Treatment (MAT) through the number of beneficiaries entering treatment with increased dependence on opiates and/or alcohol. The County Alcohol & Drug Administrator participates in the County's Chronic Pain Management Committee along with primary care providers from Partnership Health Plan, FQHC Ole Health, Community Medical Facility Queen of the Valley, Pharmacist and Law Enforcement. The Medical Director for Napa County ADS's Alcohol & Drug Services Division is certified to provide Buprenorphine treatment and Drug MediCal beneficiaries will have direct access to this treatment through Napa County ADS Alcohol & Drug Services Treatment Program and Ole Health once the Waiver is approved. The County plans to implement a MAT program which will be overseen by the Alcohol and Drug Services Division Medical Director. Medications to be included will be Buprenorphine (Suboxone), Vivitrol and Disulfiram. The Alcohol & Drug Services Division currently has a policy and procedure outlining pain management treatment in connection with the Medical Director for the purpose of titration. The policy and procedure will be amended to include procedures with the additional new medications listed above for opioid and/or alcohol dependence. All beneficiaries meeting medical necessity through an identified diagnosis for opiate and/or alcohol dependence will be offered MAT services and will be connected directly upon assessment from the Access staff, or identified during Treatment by a counselor, and referred to the ADS Medical Director. As a newly incorporated treatment service, Alcohol and Drug services staff will be provided training and education on the efficacy of using MAT. The intake and admission documentation will be amended to include information on MAT which the Access staff will review with each beneficiary. Beneficiaries will be offered a hard copy of MAT information and have the acknowledgement of receipt signed-off electronically. Under the waiver, the process of ensuring beneficiaries are provided with information and linkage to this new service

will be incorporated into the intake checklist of procedures and verification from the beneficiary's electronic signature.

19. RESIDENTIAL TREATMENT AUTHORIZATION

Initial Authorization

Beneficiaries will be assessed for residential treatment services through Napa County ADS Access staff or the residential provider site. Individuals will complete an assessment following the DSM 5 medical necessity criteria and level of care determination based on ASAM 3.1, 3.3 and 3.5 Levels of Care and all authorizations will be approved by a LPHA. Once the individual qualifies as meeting residential placement criteria, he/she will enter treatment. If there is a waitlist to enter, the beneficiary will start interim treatment services.

Continuing Authorization

Seven to ten days prior to the end of the initial 30 days of treatment, the residential treatment provider will submit either a discharge plan or a request for continued services. When continued services are requested the provider will complete a Justification for Continued Services, which includes information on beneficiary's progress, continuing impairments that justify medical necessity and continued treatment. The Napa County ADS Utilization Review Coordinator and Access Supervisor will approve continued treatment services. Additional length of stay (up to six months residential treatment services with one time 30 day extension) will be considered for beneficiaries in the criminal justice system who meet medical necessity.

20. ONE YEAR PROVISIONAL PERIOD

Napa County will not participate in the one-year provisions program.